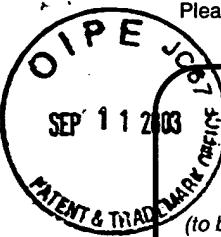


41  
1725  
Please type a plus sign (+) inside this box →

HDP/SB/21 based on PTO/SB/21 (08-00)



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/916,000
Filing Date	July 26, 2001
First Named Inventor	Warren G. Williamson
Group Art Unit	1725
Examiner Name	Kevin P. Kerns

Total Number of Pages in This Submission

Attorney Docket Number

0315-000508

TC 1725  
SEP 6 2003

RECEIVED

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Christopher A. Eusebi	Reg. No. 44,672
Signature			
Date	September 8, 2003		

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Christopher A. Eusebi	Date	September 8, 2003
Signature			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEET TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110)

## Complete if Known

Application Number 09/916,000

Filing Date July 26, 2001

First Named Inventor Warren G. Williamson

Examiner Name Kevin P. Kerns

Group / Art Unit 1725

Attorney Docket No. 0315-000508

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
Order
 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey &amp; Pierce, P.L.C.

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80

SUBTOTAL (1) (\$ 0)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20 **	= 0	= 0
Independent Claims	-3 **	= 0	= 0
Multiple Dependent		X 0	= 0

## Large Entity Small Entity

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code (\$)	
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9

SUBTOTAL (2) (\$ 0)

\*or number previously paid, if greater; For Reissues, see above

Other fee (specify) \_\_\_\_\_

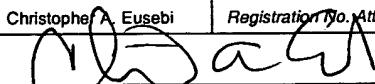
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 110)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Christopher A. Eusebi	Registration No. Attorney/Agent)	44,672	Telephone	248 641-1600
Signature				Date	September 8, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.